

BEFORE
THE PUBLIC SERVICE COMMISSION OF
SOUTH CAROLINA
DOCKET NO. 2021-____ -T

Application of All American)
Relocation, Inc. for Sale, Transfer, or)
Lease of Class E (Household Goods))
Certificate of Public Convenience)
and Necessity No. 6003 from)
Charlotte Van and Storage, Co., Inc.)

APPLICATION

All American Relocation, Inc. (“Applicant” or “Company”)) hereby requests that the South Carolina Public Service Commission (the “Commission”), pursuant to the provisions of 10 S.C. Code Ann. Regs. 103-135, approve the transfer of Certificate of Public Convenience and Necessity No. 6003 (“Certificate”) issued to Charlotte Van & Storage Co., Inc. (“Transferor”). In support of its Application, Applicant would show the Commission the following:

1. Name under which business is to be conducted:

All American Relocation, Inc.
5433 Wyoming Avenue
Charlotte, NC 28273
(919) 790-8809 (telephone)
jcoffman@aarelocation.com

The Company is a North Carolina corporation. The Company’s Articles of Incorporation, and Certificate of Existence from the South Carolina Secretary of State are attached as **Exhibit One**.

2. Applicant's representative to whom inquiries may be made:

John J. Pringle, Jr., Esquire
 Adams and Reese LLP
 1501 Main Street, 5th Floor
 P.O. Box 2285
 Columbia, SC 29202
 (803) 343-1270 (telephone)
 (803) 799-8479 (facsimile)
jack.pringle@arlaw.com (electronic mail)

3. Status of the Transferor.

The Company understands from communications with representatives from the South Carolina Office of Regulatory Staff ("ORS") that as of the date of this Application the Transferor is current on its Gross Receipts Report, payments, and annual report.

4. Two Principal Officers:

Brett Plummer - President
 John Potts – Vice President

5. Applicant's Provision of Intrastate Transportation of Household Goods in Another State

Applicant is authorized by the North Carolina Utilities Commission (NCUC) to transport household goods between all points and places in North Carolina, as shown by the letter attached hereto as **Exhibit Two**.

6. The Applicant has not been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state.

7. The Applicant has not had a certificate authorizing the transportation of household goods revoked in this state or any other state.

8. Financial Capabilities

Applicant represents that it is financially able to furnish the services as specified in this Application. A balance sheet for the Applicant is attached hereto as **Exhibit Three**.

9. Proposed Rates and Charges:

The Applicant will operate under the S.C. Tariff Bureau, Inc. Tariff as in effect from time to time.

10. Commodities to Be Transported and Area to Be Served:

(Household Goods, as defined in Commission R. 103-210(1));
Between Points and Places in South Carolina.

11. Vehicles and Equipment:

Attached as **Exhibit Four** is a current list of vehicles and equipment utilized by the Applicant in transporting household goods.

12. Insurance Quote:

Applicant attaches as **Exhibit Five** a Certificate of Insurance for liability and cargo insurance.

13. Statements of Fit, Willing and Able

- a. Applicant does not possess a safety rating from the U.S.D.O.T.;
- b. None of Applicant's drivers or vehicles have been placed "out of service" by Transport Police safety officers in the past twelve (12) months. However, two (2) of Applicant's vehicles have been placed "out of service" by the North Carolina Department of Public Safety;
- c. There are no outstanding judgments against the Applicant;
- d. Applicant is familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina, and Applicant agrees to operate in compliance with these statutes and regulations; and
- e. The Applicant is aware of the Commission's insurance requirements and the insurance premium costs associated therewith.

14. Operation Prior to the Transfer.

Attached as **Exhibit Six** are bills of lading for moves undertaken by the Transferor prior to the transfer. To the extent that waiver of the "continuously offered and reasonably provided" language 10 S.C. Code Ann. Regs. 135(4) is necessary, Applicant requests that this provision be waived pursuant to 10 S.C. Code Ann. Regs. 103-803 because waiver would be appropriate in these circumstances and is not contrary to the public interest.

15. Certificate Memorializing Transfer

Attached as **Exhibit Seven** is a Certificate required by 10 S.C. Code Ann. Regs.

135(3)(b) regarding the transfer of the Certificate.

16. Attached as **Exhibit Eight** is a document executed by the Transferor and Applicant.

17. Applicable Statutes and Rules and Regulations:

Applicant is familiar with the provisions of S.C. Code Ann. § 58-23-10, *et seq.* (1976, as amended), and R. 103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol. 26, S.C. Code Ann. 1976), and R. 38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976, as amended), and hereby promises compliance therewith. Applicant's Verified Statement is attached as **Exhibit Nine**.

18. Safety Certification

A Safety Certification executed by the Applicant is attached as **Exhibit Ten**.

Applicant attaches as **Exhibit Eleven** a proposed notice of filing.

WHEREFORE, the Applicant respectfully requests that the Commission grant approval of the transfer of the Certificate as described herein sought herein, and grant such other relief as is just and proper.

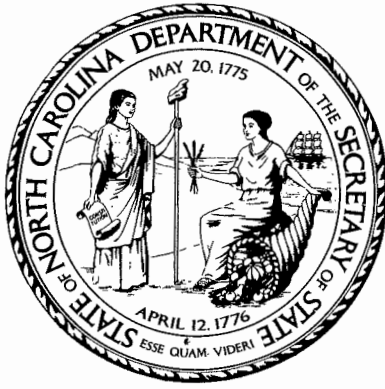
ADAMS AND REESE LLP

s/ John J. Pringle, Jr.
John J. Pringle, Jr., Esquire
1501 Main Street, 5th Floor
Columbia SC 29201
(803) 343-1270
jack.pringle@arlaw.com
Counsel for Applicant

December 22, 2021
Columbia, South Carolina

took for
Kirby, Wallace, Cree
Sarda, Zaytoun
Cohen

State of North Carolina



Department
of the
Secretary of State

ACCEPTED FOR PROCESSING - 2021 December 29 9:54 AM - SCPSC - 2021-385-T - Page 5 of 43

To all to whom these presents shall come, Greeting

I, Thad Eure, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached (3 sheets) to be a true copy of

ARTICLES OF INCORPORATION

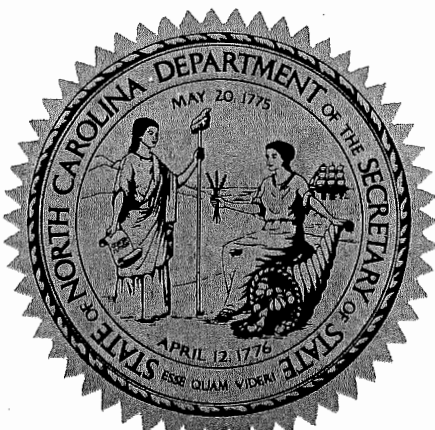
OF

WEST BROTHERS MOVING AND STORAGE, INC.

and the probates thereon, the original of which was filed in this office on the 29th day of December 19 87, after having been found to conform to law.

In Witness Whereof, I have hereunto set my hand and affixed my official seal.

Done in Office, at Raleigh, this 29th day of December in the year of our Lord 1987.



Thad Eure
Secretary of State

KENNETH C. WILKINS
REGISTER OF DEEDS
WAKE COUNTY

87 DEC 30 PM 4:05

00003339

ARTICLES OF INCORPORATION
OF
WEST BROTHERS MOVING AND STORAGE, INC.

The undersigned, being a person of full age, does make and acknowledge these Articles of Incorporation for the purpose of forming a business corporation under and by virtue of the laws of the State of North Carolina:

ARTICLE I

The name of the corporation shall be WEST BROTHERS MOVING AND STORAGE, INC.

ARTICLE II

The period of duration of the Corporation shall be perpetual.

ARTICLE III

The purposes for which the corporation is organized are:

(a) To engage in the business of warehousing, moving, transporting, loading, unloading, and storage of furniture, fixtures, equipment, stock, inventory, and other personal effects of households, offices, stores, museums, hospitals, and other institutions, within and outside the State of North Carolina.

To buy, lease, sell and maintain moving vans and other vehicles for use in the moving and storage business, and to maintain warehouses and other facilities for the storage of property, and to buy, sell, and use packing materials appropriate for such services.

(b) To take, lease, purchase or otherwise acquire and to own, use, hold, convey, exchange, lease, encumber, improve or otherwise handle, deal in, and dispose of any real or personal property or any right or interest therein which is necessary for or incidental to conduct of the general business of this corporation.

(c) To engage in other business related or similar to the business and transactions hereinbefore enumerated or necessary for the proper conduct thereof.

(d) To engage in any other business, enterprise or activity proper to be engaged in by it, through the medium or by

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THAD EURE
SECRETARY OF STATE
NORTH CAROLINA

means of another corporation or corporations or through the medium of a partnership, all or a portion of which is or shall be owned by this corporation; and to engage in any and every power and to further every purpose and object vested in or of the corporation as a principal or for its own account or as agents or in conjunction with any person, firm or association, or with any other corporation private or governmental, municipal or otherwise.

(e) To engage in any lawful activity for which corporations may be engaged and organized under Chapter 55 of the North Carolina General Statutes.

ARTICLE IV

The aggregate number of shares which the corporation shall have the authority to issue is 100,000 shares of common stock of the par value of \$1.00 per share.

ARTICLE V

The minimum amount of consideration to be received by the corporation before it shall commence business is ONE HUNDRED AND NO/100 DOLLARS (\$100.00).

ARTICLE VI

The address of the initial registered office of the corporation is 2020 Progress Court, Raleigh, Wake County, North Carolina 27608, and the name of the initial registered agent at such address is TOMMY H. WEST.

ARTICLE VII

The number of Directors of the corporation shall be not less than four. The Directors shall thereafter have all rights and duties as prescribed by law and shall have no special rights or duties caused by their election.

ARTICLE VIII

There shall be four Directors on the initial Board of Directors, and the name and address of the persons to serve as Directors until the first shareholder meeting or until their successor is duly elected and qualified is as follows:

<u>Name</u>	<u>Address</u>
Tommy H. West	2020 Progress Court Raleigh, NC 27608

M. Craig West 2020 Progress Court
Raleigh, NC 27608

James B. "Buddy" West 2020 Progress Court
Raleigh, NC 27608

Jack Whitley 2020 Progress Court
Raleigh, NC 27608

ARTICLE IX

The name and address of the incorporator is PAUL P. CREECH,
3605 Glenwood Avenue, Suite 390, Raleigh, Wake County, North
Carolina 27612.

IN WITNESS WHEREOF, the undersigned has hereto set his hand
and seal this 28 day of December, 1987.



Paul P. Creech

NORTH CAROLINA

WAKE COUNTY

I, a Notary Public of the County and State aforesaid,
certify that Paul P. Creech personally appeared before me and
acknowledged the execution of the foregoing instrument.

Witness my hand and seal this 28 day of December, 1987.


Notary Public

DONNA ROUTH
★ NOTARY PUBLIC ★
WAKE COUNTY, NC

My Commission Expires: 1-17-90

STATE OF NORTH CAROLINA



Department of The
Secretary of State

To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

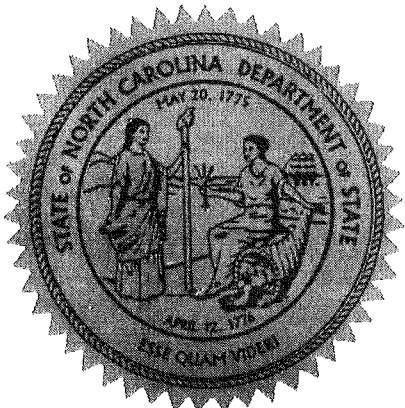
ARTICLES OF AMENDMENT

OF

WEST BROTHERS MOVING AND STORAGE, INC.
WHICH CHANGED ITS NAME TO:
ALL AMERICAN MOVING & STORAGE, INC.

the original of which was filed in this office on the 23rd day of April, 1998.

IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 23rd day of April, 1998.



Elaine F. Marshall

Secretary of State

981135038

State of North Carolina
Department of the Secretary of State

FILED

1:50pm
APR 23 1998

ARTICLES OF AMENDMENT

EFFECTIVE
ELAINE F. MARSHALL
SECRETARY OF STATE
NORTH CAROLINA

Pursuant to § 55-10-06 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation:

1. The name of the corporation is: West Brothers Moving and Storage, Inc.
2. The text of the amendment adopted is as follows:

The sole purpose of these Articles of Amendment is to change the corporate name from West Brothers Moving and Storage, Inc. to All American Moving & Storage, Inc.
3. There were 220 shares entitled to vote on this particular Amendment. All 220 shares approved this Amendment.
4. The date of adoption of such Amendment was: April 22, 1998.
5. The Amendment was approved by shareholder action, and such shareholder approval was obtained as required by Chapter 55 of the North Carolina General Statues.
6. These articles will be effective upon filing.

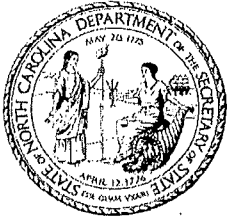
This the 22nd day of April, 1998.

West Brothers Moving and
Storage, Inc., a North Carolina
corporation

By:


Brett Plummer

Its: President



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

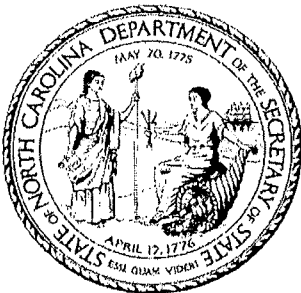
I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

**ALL AMERICAN MOVING & STORAGE, INC.
WHICH CHANGED ITS NAME TO
ALL AMERICAN RELOCATION, INC.**

the original of which was filed in this office on the 15th day of February, 2002.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 15th day of February, 2002

Elaine F. Marshall

Secretary of State

22 043 9051

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Date Filed: 2/15/2002 8:09 AM
Elaine F. Marshall
North Carolina Secretary of State

State of North Carolina

Department of the Secretary of State

ARTICLES OF AMENDMENT

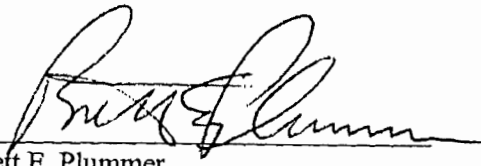
Pursuant to § 55-10-06 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation:

1. The name of the corporation is: All American Moving & Storage, Inc.
2. The text of the amendment adopted is as follows:

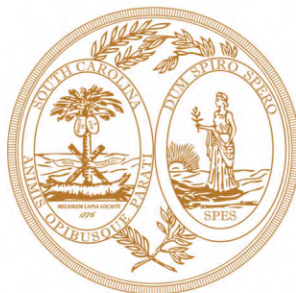
The sole purpose of these Articles of Amendment is to change the corporate name from All American Moving & Storage, Inc. to All American Relocation, Inc.
3. There were 221 shares entitled to vote on this particular Amendment. All 221 shares approved this Amendment.
4. The date of adoption of such Amendment was: January 30, 2002.
5. The Amendment was approved by shareholder action, and such shareholder approval was obtained as required by Chapter 55 of the North Carolina General Statutes.
6. These articles will be effective upon filing.

This the 30th day of January, 2002.

**All American Moving & Storage, Inc., a
North Carolina corporation**

By: 
Brett E. Plummer
Its: President

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

All American Relocation, Inc., a corporation duly organized under the laws of the state of North Carolina and issued a certificate of authority to transact business in South Carolina on October 14th, 2021, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 14th day
of October, 2021.


Mark Hammond, Secretary of State



State of North Carolina Utilities Commission

COMMISSIONERS

Charlotte A. Mitchell, Chair

ToNola D. Brown-Bland

Kimberly W. Duffley

Lyons Gray

Jeffrey A. Hughes

Daniel G. Clodfelter

Floyd B. McKissick, Jr.

August 12, 2021

To Whom It May Concern:

All American Relocation, Inc., 5101 Trademark Drive, Raleigh, North Carolina, 27610, currently holds a certificate of exemption, C-1590, granted by the North Carolina Utilities Commission (NCUC) to transport household goods between all points and places in North Carolina.

As of August 12, 2021 (the most recent monthly update) All American Relocation, Inc., is included on the NCUC's "List of Carriers with Certificate of Exemptions Numbers (C)" which indicates that the household goods mover has maintained the required insurances to perform household moves within North Carolina. As of August 12, 2021, the North Carolina Department of Motor Vehicles database indicates that All American Relocation Inc.'s auto liability and cargo insurance coverage remains in place.

The Public Staff – North Carolina Utilities Commission investigates complaints filed with the NCUC against household goods movers. I contacted Krishna Rajeev, Director, Public Staff – Transportation Division and inquired whether there are any outstanding complaints against All American Relocation, Inc. Mr. Rajeev stated that at this time there aren't any open complaints against All American Relocation, Inc.

All American Relocation, Inc., is current with its NCUC annual report filing requirements and quarterly regulatory fees.

Based upon the review of above-mentioned items, All American Relocation, Inc., is currently in good standing with the NCUC with respect to its authority to transport household goods between all points and places in North Carolina.

Sincerely,

/s/ Nicholas Jeffries

Nicholas Jeffries
Director, Transportation Utilities Regulation
North Carolina Utilities Commission

STREET ADDRESS:

430 North Salisbury Street • Raleigh, NC 27603

MAILING ADDRESS:

4325 Mail Service Center • Raleigh, NC 27699-4300

Telephone: (919) 733-4249

Facsimile: (919) 733-7300

*All American Relocation
Balance Sheet*

As of Tuesday, November 30, 2021

	<u>Month</u>	<u>Year to Date</u>
ASSETS		
OPERATING ACCOUNT WELLS FARGO/PNC	\$66,388.75	\$278,715.17
FAYETTEVILLE FIRST CITIZENS/OFS	0.00	1,000.00
PNC CHARLOTTE	17,603.15	150,445.89
PNC OPERATING	99,963.86	289,383.79
PNC ESCROW ACCOUNT	50,000.00	1,073,442.67
FIRST CITIZENS BANK FAYETTville	312.66	6,949.80
COLLATERAL LOSS FUND CAPTIVE	0.00	30,838.00
PNC PR ACCOUNT	77,859.00	0.00
EMPLOYEE LOANS	62.57	3,862.57
ACCOUNTS RECEIVABLE	(897,454.11)	1,548,769.33
PREPAID	0.00	28,872.00
INVENTORY-FURNITURE	0.00	10,952.74
INVENTORY--TIRES/MACHINERY EQUIPMENT	0.00	21,484.89
LOAN RECEIVABLE-JOHN HENDERSON	(1,578.69)	49,812.67
LOAN RECEIVABLE-EDWARD DEAN	(973.77)	46,441.45
MOTOR VEHICLES	0.00	4,337,199.80
WAREHOUSE EQUIPMENT	0.00	694,572.51
OFFICE/FURNITURE EQUIPMENT	0.00	324,807.22
MOVING EQUIPMENT	0.00	169,831.88
SOFTWARE	0.00	16,144.15
LEASEHOLD IMPROVEMENTS	0.00	8,000.00
CORPORATE NAME	0.00	1,000.00
MAYFLOWER STOCK	0.00	987,800.00
ACCUMULATED DEPRECIATION	(9,000.00)	(3,831,323.52)
PAYROLL CLEARING ACCOUNT	(5,847.88)	0.00
MISC CLEARING ACCOUNT	56,618.90	37,984.93
VAN LINE STMT CLEARING - MMS	(65,245.67)	(3,047.43)
VAN LINE REBILL/CUSTOMER REBILL - MMS	0.00	934.85
COMDATA CLEARING/PAYABLE - MMS	(7,658.00)	(1,460.58)
COMDATA CLEARING FOR RECON	2,010.96	2,560.96
Total Assets	<u><u>(\$616,938.27)</u></u>	<u><u>\$6,285,975.74</u></u>
LIABILITIES		
ACCOUNTS PAYABLE	(244,752.39)	208,159.43
SALES TAX PAYABLE	1,159.05	1,159.05
FEDERAL WITHHOLDING	(11,760.38)	0.00
NORTH CAROLINA WITH HOLDING	(4,376.00)	0.00
FICA WITHHOLDING	(12,606.40)	0.00
MEDICARE TAX	(3,139.60)	0.00
IDENTITY THEFT	(61.95)	(13.72)
VISION INSURANCE PAYABLE	(149.25)	(13.25)
BLUE CROSS DENTAL PAYABLE	(766.82)	(235.58)
AFLAC	(1,124.68)	60.95
MEDICAL INSURANCE PAYABLE	(5,816.17)	(215.78)
GARNISHMENTS	1,223.65	1,792.52
401K PAYABLE	(4,799.68)	0.00
ESCROW ACCOUNT	2,594.12	81,113.91
DEFERRED STORAGE REVENUE	(6,531.32)	11,723.44
ACCRUED PROPERTY TAXES	(50,683.40)	(5,135.40)
CURRENT PORTION OF LOANS ST	0.00	354,173.00
PNC LINE OF CREDIT 525K	0.00	1,128,372.00
EQUIPMENT LOANS	(23,449.09)	771,100.94
Total Liabilities	<u><u>(365,040.31)</u></u>	<u><u>2,552,041.51</u></u>

*All American Relocation
Balance Sheet*

As of Tuesday, November 30, 2021

	<u>Month</u>	<u>Year to Date</u>
<i>Equity</i>		
CURRENT PORTION OF LOANS LT	0.00	(354,173.00)
CAPITAL STOCK	0.00	300.00
TREASURY STOCK	0.00	(398,000.00)
OTHER COMPREHENSIVE INCOME	0.00	182,945.00
PAID IN CAPITAL	0.00	334,500.30
DISTRIBUTION CURRENT YEAR	(60,000.00)	(5,108,997.37)
DISTRIBUTION-PLUMMER	0.00	(169,500.00)
DISTRIBUTION-POTTS	0.00	(170,000.00)
Net Profit/Loss	(191,897.96)	1,559,973.74
RETAINED EARNINGS	0.00	7,856,885.56
<i>Total Equity</i>	<u>(251,897.96)</u>	<u>3,733,934.23</u>
 <i>Difference</i>	 <u><u>\$0.00</u></u>	 <u><u>\$0.00</u></u>

1069-835	2019	International	Straight Truck	1HTEUMML7KH835347	Charlotte	Durvaughn Heffner
1069-821	2005	Freightliner	Straight Truck Lift Gate	1FVACWDC45HU11594	Charlotte	
1069-819	2007	Freightliner	Straight Truck Lift Gate	1FVACWDC87HX74600	Charlotte	
1069-825	2007	Freightliner	Straight Truck Lift Gate	1FVACWDC47HX83665	Charlotte	
1069-811	2008	Freightliner	Straight Truck	1FVACXDT58HZ53037	Charlotte	
1069-813	2005	Freightliner	Straight Truck Lift Gate	1FVACWDCX5HN82494	Charlotte	
1062-845	2019	Ford	Straight Truck Crew Cab	1FDWW6DC4KDF01819	Charlotte	
1062-831	2009	Freightliner	Straight Truck Lift Gate	1FVACWDT49HAD0297	Charlotte	
1062-813	2004	International	S/T Flatbed	1HTMMAAL94H673769	Charlotte	
1069-831	2007	Hino	Straight Truck	5PVNJ8JV672S50577	Charlotte	Michael Kee
1069-837	2007	Freightliner	Straight Truck Lift Gate	1FVACWDC87HZ42378	Charlotte	Savalas Ray
1069-833	2007	Freightliner	Straight Truck Crew Cab	1FVACWDC87HY02363	Charlotte	
1062-841	2017	Fuso	Straight Truck Lift Gate	JL6BNG1A2HK001894	Charlotte	
1069-107			Tractor			
1062-125	2006	Freighliner	Tractor	1FUJBBABV76PU24806	Charlotte	
1062-135	2006	Freighliner	Tractor	1FUJBBABV16LU24887	Charlotte	Visionary Movers
1062-167	2016	Volvo	Tractor	4V4NC9EH4GN951657	Charlotte	Ed Dean
1062-23	1997	Freighliner	Tractor	1FUW3MCA7VH859486	Charlotte	
1062-135	2006	Freighliner	Tractor	1FUJBBABV16LU24887	Charlotte	Visionary Movers
1062-04	2001	Kentucky	Trailer	1KKVE51201L205263	Charlotte	
1062-30	1999	Kentucky	Trailer	1KKVE5124XL116255	Charlotte	
1062-22	1993	Kentucky	Trailer	1KKVE4827PL094798	Charlotte	
1062-116	2007	Kentucky	Trailer	1KKVE53237L224301	Charlotte	Ed Dean
1062-26	1993	Kentucky	Trailer	1KKVE4822PL094840	Charlotte	
1062-126	2004	Kentucky	Vault Trailer	1KKVE46174L212595	Charlotte	
69-02	1978	?	Trailer	55250	Charlotte	
CS1	2006	Ford	Cracker Box	1FDWE35L56DA13548	Charlotte	Visionary Movers
CS2	1992	GMC	Cracker Box	4512506	Charlotte	Visionary Movers
CV5	2004	GMC	Cracker Box	1GDHG31U941904099	Charlotte	Savalas Ray
CV-4	2006	Ford	Passenger Van	1FBNE31L36HB19595	Charlotte	
RV-5	2007	Ford	Passenger Van	1FBSS31L27DA33795	Charlotte	



ALLAMER-07

STLMMS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TransProtection Service Company One Premier Drive Fenton, MO 63026	CONTACT NAME: PHONE (A/C, No, Ext): (800) 325-3619 FAX (A/C, No): (855) 472-1290 E-MAIL ADDRESS: TransProtection@vanliner.com														
INSURED All American Relocation Inc *All locations per the attached* 5101 Trademark Dr. Raleigh, NC 27610	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Vanliner Insurance Co.</td> <td>21172</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Vanliner Insurance Co.	21172	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Vanliner Insurance Co.	21172														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CMG0000027	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CMA3111800/MRT3111800	11/1/2021	11/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMT3111802	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo-Movers & Wareh			CGT3111801	11/1/2021	11/1/2022	Any Truck 250,000
A	Cargo			CGT3111801	11/1/2021	11/1/2022	Any Occur 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PROOF OF INSURANCE PROOF OF INSURANCE PROOF OF INSURANCE PROOF OF INSURANCE PROOF OF INSURANCE

CERTIFICATE HOLDER**CANCELLATION**

PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID: ALLAMER-07

STLMMS

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY TransProtection Service Company		NAMED INSURED All American Relocation Inc *All locations per the attached* 5101 Trademark Dr. Raleigh, NC 27610
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

****HIRED NON-OWNED AUTO PHYSICAL DAMAGE****

Hired Auto Limit \$100,000

Hired Auto Physical Damage ACV Less Deductible

Comprehensive Ded \$100 / Collision Ded \$1,000

ADDITIONAL NAMED INSUREDS / LOCATIONS:

All American Relocation, Inc. M-1062
All American Office Solutions, LLC
5101 Trademark Drive
Raleigh, NC 27610

All American Relocation, Inc. M-1069
5433 WYyoming Ave
Charlotte, NC 28278

Trademark Mobile Storage LLC
5101 Trademark Drive
Raleigh, NC 27610

325 Spectrum Drive, Ste 100
Knightdale, NC 27545



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hub International 751 Corporate Center Drive Suite 120 Raleigh NC 27607		CONTACT NAME: Sharon Pike PHONE (A/C, No. Ext): 919-337-0000 E-MAIL ADDRESS: sharon.pike@hubinternational.com FAX (A/C, No): 866-553-5124	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Bridgefield Casualty Insurance Company	
		INSURER B: Great American Insurance Company of New York	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1141100820 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0196-49649	11/1/2021	11/1/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Comp			WC353994503	11/1/2021	11/1/2022	All Other States

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EL Limits - Other States Ins
 E.L. EACH ACCIDENT \$1,000,000
 E.L. DISEASE - EA EMPLOYEE \$1,000,000
 E.L. DISEASE - POLICY LIMIT \$1,000,000

CERTIFICATE HOLDER All American Relocation, Inc. 5101 Trademark Drive Raleigh NC 27610 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Sharon Pike</i>
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ACCEPTED FOR PROCESSING - 2021 December 29 9:54 AM - SCPSC - 2021-385-T - Page 20 of 43

SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

25309

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER Alvin Thomas
ADDRESS 3212 Millstone Creek Rd.
FLOOR _____ ELEV. _____ TEL. _____
CITY LANCASTER STATE SC 29720CONSIGNED TO Alvin Thomas
ADDRESS 9228 Wind Cave St.
FLOOR _____ ELEV. _____ TEL. _____
CITY LANCASTER STATE SC 29720NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐NOTIFY Yes TEL. 704-309-2454

ADDRESS _____

RECEIVED
SUBJECT TO _____

ROUTING _____

GENERAL
CONDITIONS: _____ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF _____

SEC. _____

INVOICING

GOV'T. B/L No. _____

BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIAB-
ILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPERSIGNED Alvin Thomas 1/20/21
Shipper Date

TIME RECORD

START 8:45FINISH 3:25☒ AM AM Customers Initials☒ PM PM Customers InitialsJOB HOURS 5:30 899.25TRAVEL TIME 1:00 163.50TOTAL HOURS 6:30TRANSPORTATION SERVICES
HOURLY CHARGE1 VAN(S) 4 STRAIGHT TIME
MEN 5:30 HOURS AT \$ 163.50 PER HR.

OVERTIME SERVICES

____ VAN(S) ____ MEN ____ HOURS AT \$ ____ PER HR.

TRAVEL TIME HOURS at \$ 1,062.75OTHER CHARGES 30.00 Sc FuelOTHER CHARGES 375.30 Vol.PACKING 382.40

INSURANCE

TOTAL 1,850.65DATE DELIVERED 1/20/2021DRIVER Sam B

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. F.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. F.

GROSS _____ TARE _____ NET _____ RATE _____ CHARGE _____

TRANSPORTATION _____ MILES _____

ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE)

ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST.

EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____

AT _____

EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS

PIANO HANDLING: OUT _____ IN _____ HOIST

ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS

WAREHOUSE HANDLING

TRANSIT STORAGE: FROM _____ TO _____

S.I.T. VALUATION CHARGE _____

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI

BARRELS _____ 5 _____ QUANTITY

CARTONS _____ LESS THAN 1 1/2 _____

CARTONS _____ 1 1/2 _____

CARTONS _____ 3 _____

CARTONS _____ 4 1/2 _____

CARTONS _____ 6 _____

CRIB MATTRESS

WARDROBES (USE OF)

MATTRESS CARTON NOT EXCEEDING 39 x 75

MATTRESS CARTON NOT EXCEEDING 54 x 75

MATTRESS CARTON EXCEEDING 54 x 75

CRATES _____ MIRROR CARTONS

TOTAL PACKING

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L.TOTAL CHARGES 382.40

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY. ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____ CONSIGNEE

WAREHOUSE

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 962R 2010

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET

CHARLOTTE, N.C. 28217

704-525-4660

Order # 25251

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

Load Date: 12/29/2020 1/7/2021

SHIPPER Sheila Small
 ADDRESS 745 Dilworth Lane, Apt 212
 FLOOR 2nd ELEV. _____ TEL. (803) 517-4892
 CITY Rock Hill STATE SC 29732

NOTIFICATION OF WEIGHT & CHARGES
 SHIPPER REQUESTS NOTIFICATION OF ACTUAL
 WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

NOTIFY _____ TEL. (803) 517-4892

ADDRESS _____

RECEIVED _____

SUBJECT TO _____

ROUTING _____

GENERAL
 CONDITIONS:

CONSIGNEE Sheila Small
 ADDRESS 1800 India Hook Road, Apt 104
 FLOOR 1st ELEV. _____ TEL. (803) 517-4892
 CITY Rock Hill STATE SC 29732
 PREFERRED DELIVERY DATE(S) 12/29/2020
 OR PERIODS OF TIME _____

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
 CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
 POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
 WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF SCRA SEC. 3

INVOICING

GOV'T. B/L No. _____

BILL CHARGES TO

1800 India Hook Road, Apt 104
Rock Hill SC 29732

THIS SHIPMENT WILL MOVE SUBJECT TO
 THE RULES AND CONDITIONS OF THE CAR-
 RIER & TARIFF. ALL TERMS PRINTED OR
 STAMPED HEREON OR ON THE REVERSE
 SIDE HEREOF. SHIPPER HEREBY RELEAS-
 ES THE ENTIRE LIABILITY TO A VALUE NOT
 EXCEEDING \$1,000.00. CARRIER'S LIA-
 BILITY FOR LOSS AND DAMAGE WILL BE .60
 PER LB. PER ARTICLE UNLESS A GREATER
 AMOUNT IS SPECIFIED BY THE SHIPPER

SIGNED _____

Shipper

TIME RECORD

START 9:30 AM DJS
 FINISH 11:30 AM DJS

AM AM Customers Initials
 PM PM Customers Initials

JOB HOURS 3.00 411.00
 TRAVEL TIME 1.00 137.00
 TOTAL HOURS 4.00 548.00

TRANSPORTATION SERVICES
HOURLY CHARGE

1 VAN(S) 3 MEN 3 HOURS AT \$ 137.00 PER HR

OVERTIME SERVICES

___ VAN(S) ___ MEN ___ HOURS AT \$ ___ PER HR

TRAVEL TIME HOURS als 137.00

OTHER CHARGES Fuel 130.00

OTHER CHARGES _____

PACKING 60.00

INSURANCE _____

TOTAL 638.00

DATE DELIVERED 1-7-21DRIVER Samuel Baker

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.

GROSS	TARE	NET	RATE	CHARGE
TRANSPORTATION	MILES			
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE)				
ADD'TL. TRANS. (SURCHARGE)	<input type="checkbox"/> ORIG. <input type="checkbox"/> DEST.			
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____				
AT _____				
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____				
PIANO HANDLING: OUT _____ IN _____ HOIST _____				
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____				
WAREHOUSE HANDLING _____				
TRANSIT STORAGE: FROM _____ TO _____				
S.I.T. VALUATION CHARGE _____				

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI _____ QUANTITY _____

BARRELS	5	
CARTONS	LESS THAN 1 1/2	
CARTONS	1 1/2	
CARTONS	3	
CARTONS	4 1/2	
CARTONS	6	
CRIB MATTRESS		
WARDROBES (USE OF)		
MATTRESS CARTON NOT EXCEEDING 39 x 75		
MATTRESS CARTON NOT EXCEEDING 54 x 75		
MATTRESS CARTON EXCEEDING 54 x 75		
CRATES	MIRROR CARTONS	
TOTAL PACKING		

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L.

TOTAL CHARGES

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON THIS BILL OF LADING AND SERVICES ORDERED WERE PERFORMED

REC'D FOR STORAGE _____

WAREHOUSE _____

CONSIGNEE Sheila Small

BY _____

PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 962R 2010

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SCPSC CERT.
#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

24320

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER Biagio Cerbelli
ADDRESS 1079 Market Street
FLOOR _____ ELEV. _____ TEL. 803-487-9149
CITY Fort Mill STATE SC 29708CONSIGNEE TO Biagio Cerbelli
ADDRESS 2939 Bluestream Circle
FLOOR _____ ELEV. _____ TEL. 803-487-9149
CITY Fort Mill STATE SC 29708NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

NOTIFY _____ TEL. _____

ADDRESS _____

RECEIVED _____
SUBJECT TO _____ ROUTING _____GENERAL
CONDITIONS:

RATES, RULES AND REGULATIONS IN

TARIFF _____ SEC. _____

INVOICING

GOV'T. B/L No. _____
BILL CHARGES TO _____THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIA-
BILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER.SIGNED BC 5/18/20
Shipper Date

TIME RECORD

START 9:00 Lunch
FINISH 3:30 -11:00AM AM Customers Initials
PM PM Customers InitialsJOB HOURS 5 1/2
TRAVEL TIME 1 1/2
TOTAL HOURS 6 1/2TRANSPORTATION SERVICES
HOURLY CHARGE1 VAN(S) 3 MEN 5 1/2 HOURS AT \$ 137.00 PER HR

OVERTIME SERVICES

VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

TRAVEL TIME HOURS at \$ 137.00OTHER CHARGES Fuel 30.00OTHER CHARGES Credit Card 13.82

PACKING _____

INSURANCE _____

TOTAL 934.42 - 478.12 =DATE DELIVERED 5-18-20 \$ 456.30

DRIVER _____

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.GROSS _____ TARE _____ NET _____ RATE _____ CHARGE _____
TRANSPORTATION _____ MILES _____
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) _____
ADD'TL. TRANS. (SURCHARGE) _____ ☐ ORIG ☐ DEST.
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____
AT _____
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____
PIANO HANDLING: OUT _____ IN _____ HOIST _____
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____
WAREHOUSE HANDLING _____
TRANSIT STORAGE: FROM _____ TO _____
S.I.T. VALUATION CHARGE _____

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI _____ QUANTITY _____

BARRELS _____ 5 _____

CARTONS _____ LESS THAN 1 1/2 _____

CARTONS _____ 1 1/2 _____

CARTONS _____ 3 _____

CARTONS _____ 4 1/2 _____

CARTONS _____ 6 _____

CRIB MATTRESS _____

WARDROBES (USE OF) _____

MATTRESS CARTON NOT EXCEEDING 39 x 75 _____

MATTRESS CARTON NOT EXCEEDING 54 x 75 _____

MATTRESS CARTON EXCEEDING 54 x 75 _____

CRATES _____ MIRROR CARTONS _____

TOTAL PACKING _____

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. _____TOTAL CHARGES 934.42

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES
ORDERED WERE PERFORMED

REC'D FOR STORAGE _____ CONSIGNEE _____

WAREHOUSE _____

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE) DATE

FORM 962R 2010

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

24234

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER Biagio Cerbelli
ADDRESS 728 Shady Grove Crossing
FLOOR _____ ELEV. _____ TEL. _____
CITY Fort Mill STATE SC 29708SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐NOTIFY _____ TEL. _____
ADDRESS 2939 Bluestem Circle
RECEIVED Fort Mill SC 29708
SUBJECT TO _____ ROUTING _____GENERAL
CONDITIONS:CONSIGNEE Biagio Cerbelli
ADDRESS 2939 Bluestem Circle
FLOOR _____ ELEV. _____ TEL. _____
CITY Fort Mill STATE SC 29708
PREFERRED DELIVERY DATE(S) _____
OR PERIODS OF TIME _____ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF _____ SEC. _____

INVOICING

GOVT. B/L No. _____
BILL CHARGES TO _____THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIA-
BILITY FOR LOSS AND DAMAGE WILL BE .60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPERSIGNED Biagio Cerbelli 4/27/20
Shipper Date

TIME RECORD

START 17:00
FINISH 08:50AM AM Customers Initials
PM PM Customers InitialsJOB HOURS 7.5
TRAVEL TIME 1.0
TOTAL HOURS 8.5TRANSPORTATION SERVICES
HOURLY CHARGE1 VAN(S) 4 STRAIGHT TIME 163.50
MEN 2.5 HOURS AT \$ _____ PER HR.

OVERTIME SERVICES

VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

TRAVEL TIME HOURS at \$ 163.50OTHER CHARGES Fuel 30.00OTHER CHARGES 100.00 50.00PACKING 50.00INSURANCE 1527.83TOTAL 1527.83

DATE DELIVERED _____

DRIVER ADH

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.GROSS _____ TARE _____ NET _____ RATE _____ CHARGE _____
TRANSPORTATION _____ MILES _____
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) _____
ADD'TL. TRANS. (SURCHARGE) _____ ☐ ORIG. ☐ DEST. _____
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____
AT _____
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____
PIANO HANDLING: OUT _____ IN _____ HOIST _____
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____
WAREHOUSE HANDLING _____
TRANSIT STORAGE: FROM _____ TO _____
S.I.T. VALUATION CHARGE _____

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI _____ QUANTITY _____

BARRELS _____ 5 _____

CARTONS LESS THAN 1 1/2 _____

CARTONS 1 1/2 _____

CARTONS 3 _____

CARTONS 4 1/2 _____

CARTONS 6 _____

CRIB MATTRESS _____

WARDROBES (USE OF) _____

MATTRESS CARTON NOT EXCEEDING 39 x 75 _____

MATTRESS CARTON NOT EXCEEDING 54 x 75 _____

MATTRESS CARTON EXCEEDING 54 x 75 _____

CRATES _____ MIRROR CARTONS _____

TOTAL PACKING _____

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. _____TOTAL CHARGES 1527.83

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES
ORDERED WERE PERFORMEDREC'D FOR STORAGE _____ CONSIGNEE Biagio Cerbelli

BY _____ WAREHOUSE _____

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 962R 2010

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

24400.

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER Josh Davison
ADDRESS 741 Old Lexington Road
FLOOR _____ ELEV. _____ TEL. 803-319-9745
CITY Leesville STATE SC ZIP 29070CONSIGNEE TO Josh Davison
ADDRESS 2112 Cherokee Ave.
FLOOR _____ ELEV. _____ TEL. 803-319-9745
CITY Chaffney STATE SC
PREFERRED DELIVERY DATE(S) _____
OR PERIODS OF TIME 2934NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐NOTIFY Josh Davison TEL. 803-319-9745

ADDRESS _____

RECEIVED
SUBJECT TO _____

ROUTING _____

GENERAL
CONDITIONS: _____

RATES, RULES AND REGULATIONS IN

TARIFF _____ SEC. _____

INVOICING

GOVT. B/L No. _____

BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIAGE IN-
SURANCE. THE CARRIAGE IN-
SURANCE FOR LOSS AND DAMAGE WILL BE \$
1000.00. PREVIOUS DAMAGE IS A GREATER
AMOUNT IS DECLARED BY THE SHIPPER.SIGNED [Signature] Shipper Date 12/29/20

TIME RECORD

START _____

FINISH _____

AM AM Customers Initials

PM PM Customers Initials

JOB HOURS _____

TRAVEL TIME _____

TOTAL HOURS _____

TRANSPORTATION SERVICES
HOURLY CHARGE

STRAIGHT TIME

____ VAN(S) ____ MEN ____ HOURS AT \$ ____ PER HR

OVERTIME SERVICES

____ VAN(S) ____ MEN ____ HOURS AT \$ ____ PER HR.

TRAVEL TIME HOURS at \$ _____

OTHER CHARGES _____

OTHER CHARGES _____

PACKING _____

INSURANCE _____

TOTAL _____

DATE DELIVERED _____

DRIVER _____

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.GROSS 46080 TARE 37340 NET 8740 RATE 2350 CHARGES 2053.54
TRANSPORTATION 90 MILES

ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) _____

ADD'TL. TRANS. (SURCHARGE) ☒ ORIG. ☒ DEST. Fuel 190x 5.00x 102.00

EXTRA PICKUPS OR DELIVERIES NO. _____ BY _____

AT _____

EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____

PIANO HANDLING: OUT _____ IN _____ HOIST _____

ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS

WAREHOUSE HANDLING _____

TRANSIT STORAGE: FROM _____ TO _____

S.I.T. VALUATION CHARGE _____

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES ValuationCARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI _____

BARRELS _____

5

CARTONS _____

LESS THAN

1 1/2

CARTONS _____

1 1/2

CARTONS _____

3

CARTONS _____

4 1/2

CARTONS _____

6

CRIB MATTRESS _____

WARDROBES (USE OF) _____

MATTRESS CARTON NOT EXCEEDING 39 x 75 _____

MATTRESS CARTON NOT EXCEEDING 54 x 75 _____

MATTRESS CARTON EXCEEDING 54 x 75 _____

CRATES _____

MIRROR CARTONS _____

5

TOTAL CHARGES 31.05 CC Fee

TOTAL PACKING _____

613.00

TOTAL CHARGES 4499.28 CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. ☐TOTAL CHARGES 3084.60PREPAYMENT: COLLECTED BY P Canon

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY AND SERVICES
ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____

CONSIGNEE _____

WAREHOUSE _____

BY _____

PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE _____

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO. 24866SHIPPER Joe McCain
ADDRESS 5139 Mill Race Lane
FLOOR _____ ELEV. _____ TEL. _____
CITY Lancaster STATE SC ZIP 29720

NOTIFICATION OF WEIGHT & CHARGES

SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐NOTIFY Joe McCain TEL. 704-582-3220

ADDRESS _____

RECEIVED _____
SUBJECT TO _____ ROUTING _____GENERAL
CONDITIONS:CONSIGNEE TO Joe McCain Unit D512
ADDRESS Extra Space Storage - 8254 Charlotte Hwy
FLOOR _____ ELEV. _____ TEL. _____
CITY Indian Land STATE SC ZIP 29707
PREFERRED DELIVERY DATE(S) _____
OR PERIODS OF TIME _____ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF _____ SEC. _____

INVOICING

GOV'T. B/L No. _____

BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIA-
BILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER.SIGNED Joe McCain 10/13/20
Shipper Date

TIME RECORD

START 9:00 AM 1:00 PM
FINISH 1:00 PM 2:00 PMAM AM Customers Initials
PM PM Customers InitialsJOB HOURS 5.0 1,140.00
TRAVEL TIME 1.0 228.00
TOTAL HOURS 6.0 1368.00TRANSPORTATION SERVICES
HOURLY CHARGE1 VAN(S) 4 STRAIGHT TIME
MEN 5 HOURS AT \$ 228.00 PER HR.

OVERTIME SERVICES

VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

TRAVEL TIME _____ HOURS at \$ 228.00

OTHER CHARGES _____

OTHER CHARGES _____

PACKING _____

INSURANCE Valuation 151.50TOTAL 1519.50DATE DELIVERED 10/13/20DRIVER Sam

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. FT.

GROSS _____ TARE _____ NET _____ RATE CHARGES

TRANSPORTATION _____ MILES

ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE)

ADD'TL. TRANS. (SURCHARGE) _____ ☐ ORIG. ☐ DEST.

EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____

AT _____

EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS

PIANO HANDLING: OUT _____ IN _____ HOIST

ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS

WAREHOUSE HANDLING

TRANSIT STORAGE: FROM _____ TO _____

SIT VAI UATION CHARGE

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI QUANTITY

BARRELS 5

CARTONS LESS THAN 1 1/2

CARTONS 1 1/2

CARTONS 3

CARTONS 4 1/2

CARTONS 6

CRIB MATTRESS

WARDROBES (USE OF)

MATTRESS CARTON NOT EXCEEDING 39 x 75

MATTRESS CARTON NOT EXCEEDING 54 x 75

MATTRESS CARTON EXCEEDING 54 x 75

CRATES MIRROR CARTONS

TOTAL PACKING

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L.

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND
ORDERED WERE PERFORMED

REC'D FOR STORAGE _____ CONSIGNEE _____

WAREHOUSE

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

24865

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER Joe McCain
ADDRESS 5129 Mill Race Lane
FLOOR _____ ELEV. _____ TEL. _____
CITY Lancaster STATE SC ZIP 29720NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐NOTIFY Joe McCain TEL. (704) 582-3220

ADDRESS _____

RECEIVED
SUBJECT TO _____

ROUTING _____

GENERAL
CONDITIONS: _____CONSIGNEE TO Joe McCain
ADDRESS 3018 Brown Trasher Way
FLOOR _____ ELEV. _____ TEL. _____
CITY Indian Land STATE SC ZIP 29707PREFERRED DELIVERY DATE(S)
OR PERIODS OF TIME _____ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF _____ SEC. _____

INVOICING

GOV'T. B/L No. _____
BILL CHARGES TO _____THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIAB-
ILITY FOR LOSS AND DAMAGE WILL BE .60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER.SIGNED Joe McCain 12/16/20
Shipper Date

TIME RECORD

START 10:00 AM 1:00 PM
FINISH 2:00 PM 3:30 PM
AM AM Customers Initials AM
PM PM Customers Initials PMJOB HOURS 6.5 \$ 1062.25
TRAVEL TIME 1.0 163.50
TOTAL HOURS 7.5 \$ 1226.25TRANSPORTATION SERVICES
HOURLY CHARGE1 VAN(S) 4 STRAIGHT TIME 163.50
MEN/HOURS AT \$ _____ PER HR.

OVERTIME SERVICES

____ VAN(S) ____ MEN ____ HOURS AT \$ _____ PER HR.

TRAVEL TIME 1 HOURS at \$ 163.50OTHER CHARGES Fuel 30.00

OTHER CHARGES _____

PACKING 384.00INSURANCE Valuation 266.40TOTAL \$1706.65

DATE DELIVERED _____

DRIVER _____

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.GROSS _____ TARE _____ NET _____ RATE _____ CHARGE _____
TRANSPORTATION _____ MILES _____
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) _____
ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST. _____
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____
AT _____
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____
PIANO HANDLING: OUT _____ IN _____ HOIST _____
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____
WAREHOUSE HANDLING _____
TRANSIT STORAGE: FROM _____ TO _____
S.I.T. VARIATION CHARGE _____

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI _____ QUANTITY _____

BARRELS _____ 5 _____

CARTONS _____ LESS THAN 1 1/2 _____

CARTONS _____ 1 1/2 _____

CARTONS _____ 3 _____

CARTONS _____ 4 1/2 _____

CARTONS _____ 6 _____

CRIB MATTRESS _____

WARDROBES (USE OF) _____

MATTRESS CARTON NOT EXCEEDING 39 x 75 _____

MATTRESS CARTON NOT EXCEEDING 54 x 75 _____

MATTRESS CARTON EXCEEDING 54 x 75 _____

CRATES _____ MIRROR CARTONS _____

TOTAL PACKING _____

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. _____TOTAL CHARGES 1906.65

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY due 319.25DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES
ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____ CONSIGNEE _____

WAREHOUSE _____

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER Amy McCarver
ADDRESS 2742 Durlin Dr.
FLOOR _____ ELEV. _____ TEL. _____
CITY Indian Land STATE SC ZIP 29707CONSIGNEE TO Amy McCarver
ADDRESS 5221 Birch Arbor
FLOOR _____ ELEV. _____ TEL. _____
CITY Indian Land STATE SC ZIP 29707
PREFERRED DELIVERY DATE(S) _____
OR PERIODS OF TIME _____SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOWNOTIFY Amy McCarver TEL. 704-604-0185
ADDRESS _____RECEIVED
SUBJECT TO _____

ROUTING _____

GENERAL
CONDITIONS: _____

RATES, RULES AND REGULATIONS IN

TARIFF _____ SEC. _____

INVOICING

GOV'T. B/L No. _____

BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING _____ THE CARRIER'S LI-
ABILITY FOR LOSS AND DAMAGE WILL BE .60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPERSIGNED Amy McCarver 8-5-2020
Shipper Date

TIME RECORD

START 10:25
FINISH _____
AM AM Customers Initials _____
PM PM Customers Initials _____JOB HOURS 10.25
TRAVEL TIME 2
TOTAL HOURS 12.25TRANSPORTATION SERVICES
HOURLY CHARGE1 VAN(S) 6 MEN 12 HOURS AT \$ 216.50 PER HR.

OVERTIME SERVICES

VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

TRAVEL TIME 2 HOURS AT \$ 216.50OTHER CHARGES hold 150.00OTHER CHARGES Fuel 60.00PACKING 143.00INSURANCE 552.60TOTAL C.O. Fee 105.93

DATE DELIVERED _____

DRIVER Total 3663.66

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. F.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. F.

GROSS _____ TARE _____ NET _____ RATE _____ CHARGE _____

TRANSPORTATION _____ MILES _____

ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) _____

ADD'TL. TRANS. (SURCHARGE) _____ ☐ ORIG. ☐ DEST. _____

EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____

AT _____

EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____

PIANO HANDLING: OUT _____ IN _____ HOIST _____

ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____

WAREHOUSE HANDLING _____

TRANSIT STORAGE: FROM _____ TO _____

S.I.T. VALUATION CHARGE _____

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI _____ QUANTITY _____

BARRELS _____ 5 _____

CARTONS _____ LESS THAN 1 1/2 _____

CARTONS _____ 1 1/2 _____

CARTONS _____ 3 _____

CARTONS _____ 4 1/2 _____

CARTONS _____ 6 _____

CRIB MATTRESS _____

WARDROBES (USE OF) _____

MATTRESS CARTON NOT EXCEEDING 39 x 75 _____

MATTRESS CARTON NOT EXCEEDING 54 x 75 _____

MATTRESS CARTON EXCEEDING 54 x 75 _____

CRATES _____ MIRROR CARTONS _____

TOTAL PACKING _____

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. _____

TOTAL CHARGES _____

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____ CONSIGNEE _____

WAREHOUSE _____

BY _____

PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE _____

FORM 962R 2010

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

Order # 24442

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

Load Date: 06/19/2020

SHIPPER **Kim & Ivan McCorkle**
 ADDRESS **216 Mills Lane**
 FLOOR _____ ELEV. _____ TEL. **(704) 644-9577**
 CITY **Fort Mill** STATE **SC** ZIP **29708**
 NOTIFICATION OF WEIGHT & CHARGES
 SHIPPER REQUESTS NOTIFICATION OF ACTUAL
 WEIGHT & CHARGES TO PARTY SHOWN BELOW ☒
 NOTIFY **Same as Above** TEL. **(704) 644-9577**
 ADDRESS _____
 RECEIVED _____
 SUBJECT TO _____ ROUTING _____

CONSIGNEE TO **Kim & Ivan McCorkle**
 ADDRESS **636 Bracket Street**
 FLOOR _____ ELEV. _____ TEL. **(704) 644-9577**
 CITY **Fort Mill** STATE **SC** ZIP **29708**
 PREFERRED DELIVERY DATE(S) **06/19/2020**
 OR PERIODS OF TIME _____

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
 CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
 POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
 WILL NOT BE ACCEPTED.

GENERAL
CONDITIONS:

RATES, RULES AND REGULATIONS IN
 TARIFF **SCRA** SEC. **3**

INVOICING

GOV'T. B/L No. _____
 BILL CHARGES TO
636 Bracket Street
Fort Mill, SC 29708

THIS SHIPMENT WILL MOVE SUBJECT TO
 THE RULES AND CONDITIONS OF THE CAR-
 RIER & TARIFF. ALL TERMS PRINTED OR
 STAMPED HEREON OR ON THE REVERSE
 SIDE HEREOF. SHIPPER HEREBY RELEAS-
 ES THE ENTIRE SHIPMENT TO A VALUE NOT
 EXCEEDING THE CARRIER'S LIA-
 BILITY FOR LOSS AND DAMAGE WILL BE 60
 PER LB. PER ARTICLE UNLESS A GREATER
 AMOUNT IS SPECIFIED BY THE SHIPPER.

SIGNED *[Signature]* 6/19/20
 Shipper Date

TIME RECORD

START **09:00** *[Signature]*
 FINISH **4:00**
 AM AM Customers Initials *[Signature]*
 PM PM Customers Initials *[Signature]*
 JOB HOURS **6.5**
 TRAVEL TIME **1.0**
 TOTAL HOURS **7.5**

TRANSPORTATION SERVICES
HOURLY CHARGE

1 VAN(S) **4** STRAIGHT TIME **163.50**
 MEN **6.5** HOURS AT \$ **163.50** PER HR.

OVERTIME SERVICES

___ VAN(S) ___ MEN ___ HOURS AT \$ ___ PER HR.

TRAVEL TIME **1** HOURS at \$ **163.50**

OTHER CHARGES **Fuel 30.00**

OTHER CHARGES

PACKING

INSURANCE

TOTAL

DATE DELIVERED **6/19/20**DRIVER *[Signature]*

WEIGHT AND SERVICES

□ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

□ EXCL. USE OF VEH. _____ CU.

GROSS	TARE	NET	RATE	CHARGE
TRANSPORTATION	MILES			
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE)				
ADD'TL. TRANS. (SURCHARGE)	□ ORIG □ DEST.			
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____				
AT _____				
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____				
PIANO HANDLING: OUT _____ IN _____ HOIST _____				
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____				
WAREHOUSE HANDLING				
TRANSIT STORAGE: FROM _____ TO _____				
S.I.T. VALUATION CHARGE				

APPLIANCE SERVICES

ORIGIN DUE

DEST. DUE

OTHER CHARGES

CARTAGE: TO WHSE □, FROM WHSE □, ORIG □, DEST □ MI _____ QUANTITY

BARRELS 5

CARTONS LESS THAN 1 1/2

CARTONS 1 1/2

CARTONS 3

CARTONS 4 1/2

CARTONS 6

CRIB MATTRESS

WARDROBES (USE OF)

MATTRESS CARTON NOT EXCEEDING 39 x 75

MATTRESS CARTON NOT EXCEEDING 54 x 75

MATTRESS CARTON EXCEEDING 54 x 75

CRATES MIRROR CARTONS

TOTAL PACKING

TOTAL CHARGES □ CHGE □ PPD □ C.O.D. □ G.B.L.

TOTAL CHARGES

PREPAYMENT: COLLECTED BY

BALANCE DUE: COLLECTED BY

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES
 ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____ CONSIGNEE _____

WAREHOUSE

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 962R 2010

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET

CHARLOTTE, N.C. 28217

704-525-4660

Order # 24358

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

Load Date: 6/04/2020

SHIPPER **Russell Pyman**
 ADDRESS **17 Maiden Court**
 FLOOR _____ ELEV. _____ TEL. **(803) 577-9156**
 CITY **Camden** STATE **SC** **29020**

NOTIFICATION OF WEIGHT & CHARGES

SHIPPER REQUESTS NOTIFICATION OF ACTUAL WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐NOTIFY _____ TEL. **(803) 577-9156**

ADDRESS _____

RECEIVED
SUBJECT TO

ROUTING

GENERAL
CONDITIONS:CONSIGNED TO **OceanaGold Sig House - Janet Cameron**ADDRESS **5868 Bob Byrd Rd**FLOOR _____ ELEV. _____ TEL. **(803) 475-2975**CITY **Kershaw** STATE **SC** **29067**PREFERRED DELIVERY DATE(S)
OR PERIODS OF TIME

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
 CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
 POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
 WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF **SCRA** SEC. **3**

INVOICING

GOV'T. B/L No. _____

BILL CHARGES TO **OceanaGold Corporation****P O Box 128****Kershaw SC 29067**

THIS SHIPMENT WILL MOVE SUBJECT TO
 THE RULES AND CONDITIONS OF THE CAR-
 RIER & TARIFF. ALL TERMS PRINTED OR
 STAMPED HEREON OR ON THE REVERSE
 SIDE HEREOF. SHIPPER HEREBY RELEAS-
 ES THE ENTIRE SHIPMENT TO A VALUE NOT
 EXCEEDING _____ THE CARRIER'S LIA-
 BILITY FOR LOSS AND DAMAGE WILL BE 60
 PER LB. PER ARTICLE UNLESS A GREATER
 AMOUNT IS SPECIFIED BY THE SHIPPER

SIGNED **6/4/20**
 Shipper Date

TIME RECORD

START **10:00** **28**FINISH **5:30 PM** **28**

AM AM Customers Initials

PM PM Customers Initials

JOB HOURS **5**TRAVEL TIME **1**TOTAL HOURS **6**TRANSPORTATION SERVICES
HOURLY CHARGE

1 VAN(S) **3** STRAIGHT TIME **137.00**
 MEN **2** HOURS AT \$ _____ PER HR.

OVERTIME SERVICES

____ VAN(S) ____ MEN ____ HOURS AT \$ _____ PER HR.

TRAVEL TIME HOURS at \$ **137.00**OTHER CHARGES **30.00**

OTHER CHARGES

PACKING **222.00**

INSURANCE

TOTAL **1094.00**DATE DELIVERED **6-4-20**DRIVER **Scott Baker**

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.

GROSS _____ TARE _____ NET _____ RATE _____ CHARGE _____

TRANSPORTATION _____ MILES

ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE)

ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST.

EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____

AT _____

EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS

PIANO HANDLING: OUT _____ IN _____ HOIST

ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS

WAREHOUSE HANDLING

TRANSIT STORAGE: FROM _____ TO _____

S.I.T. VALUATION CHARGE

APPLIANCE SERVICES

ORIGIN DUE

DEST. DUE

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI _____ QUANTITY

BARRELS 5

CARTONS LESS THAN 1 1/2

CARTONS 1 1/2

CARTONS 3

CARTONS 4 1/2

CARTONS 6

CRIB MATTRESS

WARDROBES (USE OF)

MATTRESS CARTON NOT EXCEEDING 39 x 75

MATTRESS CARTON NOT EXCEEDING 54 x 75

MATTRESS CARTON EXCEEDING 54 x 75

CRATES MIRROR CARTONS

TOTAL PACKING

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L.TOTAL CHARGES **222.00**

PREPAYMENT: COLLECTED BY

BALANCE DUE: COLLECTED BY

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES ORDERED WERE PERFORMED

REC'D FOR STORAGE

CONSIGNEE

WAREHOUSE

BY

PER

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 962R 2010

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ACCEPTED FOR PROCESSING - 2021 December 29 9:54 AM - SCPSC - 2021-385-T - Page 30 of 43

SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET

CHARLOTTE, N.C. 28217

704-525-4660

24894

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO. ▲

SHIPPER Natalie Faber
 ADDRESS 23105 Kingfisher Dr.
 FLOOR _____ ELEV. _____ TEL. _____
 CITY Indian Land STATE SC

SHIPPER REQUESTS NOTIFICATION OF ACTUAL
 WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

NOTIFY _____ TEL. _____

ADDRESS _____

RECEIVED _____
 SUBJECT TO _____

GENERAL
 CONDITIONS:

ROUTING

CONSIGNED TO Natalie Faber
 ADDRESS 8154 English Clover Lane Apt. 19
 FLOOR 2nd ELEV. _____ TEL. 803-547-3420
 CITY Indian Land STATE SC

PREFERRED DELIVERY DATE(S)
 OR PERIODS OF TIME

29720

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
 CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
 POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
 WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF _____ SEC. _____

INVOICING

GOV'T. B/L No. _____

BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
 THE RULES AND CONDITIONS OF THE CAR-
 RIER & TARIFF. ALL TERMS PRINTED OR
 STAMPED HEREON OR ON THE REVERSE
 SIDE HEREOF. SHIPPER HEREBY RELEAS-
 ES THE ENTIRE SHIPMENT TO A VALUE NOT
 EXCEEDING THE CARRIER'S LIA-
 BILITY FOR LOSS AND DAMAGE WILL BE 60
 PER LB. PER ARTICLE UNLESS A GREATER
 AMOUNT IS SPECIFIED BY THE SHIPPER

SIGNED

Shipper

Date

TIME RECORD

START 7:45 77
 FINISH 1:30 77

AM AM Customers Initials
 PM PM Customers Initials

JOB HOURS 4.15 582.25
 TRAVEL TIME 1.00 137.00
 TOTAL HOURS 5.15 719.25

TRANSPORTATION SERVICES
HOURLY CHARGE

1 VAN(S) 3 STRAIGHT TIME
 MEN 4.15 HOURS AT \$ 137.00 PER HR.

OVERTIME SERVICES
 VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR

TRAVEL TIME HOURS at \$ 137.00

OTHER CHARGES Fuel 30.00

OTHER CHARGES _____

PACKING 270.00

INSURANCE _____

TOTAL 1019.25

DATE DELIVERED 10/20/20

DRIVER Matt

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.

GROSS _____ TARE _____ NET _____ RATE _____ CHARGE _____
 TRANSPORTATION _____ MILES _____
 ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) _____
 ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST. _____
 EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____
 AT _____
 EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____
 PIANO HANDLING: OUT _____ IN _____ HOIST _____
 ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____
 WAREHOUSE HANDLING _____
 TRANSIT STORAGE: FROM _____ TO _____
 S.I.T. VALUATION CHARGE _____

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI _____ QUANTITY _____

BARRELS _____ 5 _____
 CARTONS _____ LESS THAN 1 1/2 _____
 CARTONS _____ 1 1/2 _____
 CARTONS _____ 3 _____
 CARTONS _____ 4 1/2 _____
 CARTONS _____ 6 _____
 CRIB MATTRESS _____
 WARDROBES (USE OF) _____
 MATTRESS CARTON NOT EXCEEDING 39 x 75 _____
 MATTRESS CARTON NOT EXCEEDING 54 x 75 _____
 MATTRESS CARTON EXCEEDING 54 x 75 _____
 CRATES _____ MIRROR CARTONS _____

TOTAL PACKING _____

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L.TOTAL CHARGES 1019.25PREPAYMENT: COLLECTED BY Matt FaberBALANCE DUE: COLLECTED BY 985.25

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED IN MINORITY CASE SERVICES
 ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____

WAREHOUSE

BY _____

PER _____

CONSIGNEE Natalie Faber 10/20/20

(WAREHOUSEMAN'S SIGNATURE)

FORM 962R 2010

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SCPSC CERT.
#6003

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

24119

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

PK: 3/30-3/31/20 LD: 4/1/2020

SHIPPER Ryan & Bylinda Love
ADDRESS 12 Village Vista Drive
FLOOR _____ ELEV. _____ TEL. 843-901-1504
CITY Fountain Inn STATE SC

CONSIGNEE TO Ryan & Bylinda Love
ADDRESS 314 Brick Kiln Drive
FLOOR _____ ELEV. _____ TEL. 843-901-1504
CITY Summerville STATE SC

NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

PREFERRED DELIVERY DATE(S)
OR PERIODS OF TIME 4/2/2020

NOTIFY _____ TEL. _____
ADDRESS _____
RECEIVED _____
SUBJECT TO _____ ROUTING _____

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

GENERAL
CONDITIONS:

RATES, RULES AND REGULATIONS IN
TARIFF SCRA SEC. _____

INVOICING

GOV'T. B/L No. _____
BILL CHARGES TO Harris Teeter
701 Crestdale Road
Matthews, NC 28105

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING \$4,000.00 CARRIER'S LI-
ABILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER.

SIGNED Bj Bde 3/31/20
Shipper Date

TIME RECORD

START _____
FINISH _____
AM AM Customers Initials
PM PM Customers Initials

JOB HOURS _____
TRAVEL TIME _____
TOTAL HOURS _____

**TRANSPORTATION SERVICES
HOURLY CHARGE**

STRAIGHT TIME
____ VAN(S) ____ MEN ____ HOURS AT \$ ____ PER HR.

OVERTIME SERVICES
____ VAN(S) ____ MEN ____ HOURS AT \$ ____ PER HR.

TRAVEL TIME HOURS at \$ _____
OTHER CHARGES _____
OTHER CHARGES _____
PACKING _____
INSURANCE _____
TOTAL _____

DATE DELIVERED 4-1-20
DRIVER North

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.

GROSS 54040 TARE 40820 NET 13220 RATE CHARGE
TRANSPORTATION 172 MILES 195.00
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) 3899.00
ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST. _____
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY Valuation 714.00
AT _____
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____
PIANO HANDLING: OUT _____ IN _____ HOIST _____
ADD'TL. LABOR 1 MEN FOR _____ MAN HOURS 25.00
WAREHOUSE HANDLING _____
TRANSIT STORAGE: FROM _____ TO _____
S.I.T. VALUATION CHARGE _____

APPLIANCE SERVICES

ORIGIN DUE _____ 190.00
DEST. DUE _____ 308.00
OTHER CHARGES TV Boxes 5 500.00

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI QUANTITY
BARRELS 5 14 574.00
CARTONS LESS THAN 1 1/2 20 190.00
CARTONS 1 1/2 24 348.00
CARTONS 3 19 342.00
CARTONS 4 1/2 16 320.00
CRIB MATTRESS 1 10.00
WARDROBES (USE OF) 20 400.00
MATTRESS CARTON NOT EXCEEDING 39 x 75 1 16.00
MATTRESS CARTON NOT EXCEEDING 54 x 75 5 145.00
MATTRESS CARTON EXCEEDING 54 x 75 K-Single 2 40.00
CRATES MIRROR CARTONS 17 578.00
TOTAL PACKING 3463.00
TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES 8796.21

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION & IN ACCORDANCE WITH INVENTORY AND SERVICES ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____ WAREHOUSE _____ CONSIGNEE Bj Bde
BY _____ PER _____ DATE _____
(WAREHOUSEMAN'S SIGNATURE)

FORM 962R 2010

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ACCEPTED FOR PROCESSING - 2021 December 29 8:34 AM - SCPSC - 2021-385-1 Page 32 of 42

SCPSC CERT.
#6003

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

Order # 24262

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

Load Date: 04/29/2020

SHIPPER **Sharyn Peeterse**
ADDRESS **170 Lake Point Drive**
FLOOR _____ ELEV. _____ TEL. **(704) 281-3361**
CITY **Fort Mill** STATE **SC 29708**

CONSIGNEE TO **Sharyn Peeterse**
ADDRESS **219 Overstone Court, Unit 23**
FLOOR _____ ELEV. _____ TEL. **(704) 281-3361**
CITY **Fort Mill** STATE **SC 29715**

NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

PREFERRED DELIVERY DATE(S) **05/01/2020**
OR PERIODS OF TIME

NOTIFY _____ TEL. **(704) 281-3361**

ADDRESS _____

RECEIVED _____
SUBJECT TO _____ ROUTING _____

GENERAL
CONDITIONS:

RATES, RULES AND REGULATIONS IN
TARIFF **SCRA** SEC. **3**

INVOICING

GOV'T. B/L No. _____
BILL CHARGES TO _____
219 Overstone Court 23
Fort Mill SC 29715

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CARRIER
& TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEASES
THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING \$115. THE CARRIER'S LIABILITY
FOR LOSS AND DAMAGE WILL BE .60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER.

SIGNED 4/29
Shipper Date

TIME RECORD

START _____
FINISH _____
AM AM Customers Initials
PM PM Customers Initials

JOB HOURS _____
TRAVEL TIME _____
TOTAL HOURS _____

TRANSPORTATION SERVICES
HOURLY CHARGE

1 VAN(S) 5 STRAIGHT TIME 190.00
MEN 12.5 HOURS AT \$ _____ PER HR

OVERTIME SERVICES

____ VAN(S) ____ MEN ____ HOURS AT \$ _____ PER HR.

TRAVEL TIME 2 HOURS at \$ 190.00

OTHER CHARGES Fuel 60.00

OTHER CHARGES 150.00

PACKING CE Fee 138.09

INSURANCE 726.30

TOTAL

DATE DELIVERED 5-1-20

DRIVER

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.

GROSS	TARE	NET	RATE	CHARGE
TRANSPORTATION	MILES			
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE)				
ADD'TL. TRANS. (SURCHARGE)	<input type="checkbox"/> ORIG. <input type="checkbox"/> DEST.			
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____				
AT _____				
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____				
PIANO HANDLING: OUT _____ IN _____ HOIST _____				
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS				
WAREHOUSE HANDLING				
TRANSIT STORAGE: FROM _____ TO _____				
S.I.T. VALUATION CHARGE				

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE <input type="checkbox"/> , FROM WHSE <input type="checkbox"/> , ORIG <input type="checkbox"/> , DEST <input type="checkbox"/> MI	QUANTITY	
BARRELS	5	
CARTONS LESS THAN 1 1/2	1	3.80
CARTONS 1 1/2		
CARTONS 3		
CARTONS 4 1/2		
CARTONS 6		
CRIB MATTRESS		
WARDROBES (USE OF)		
MATTRESS CARTON NOT EXCEEDING 39 x 75	1	6.40
MATTRESS CARTON NOT EXCEEDING 54 x 75	3	34.80
MATTRESS CARTON EXCEEDING 54 x 75	2	16.00
CRATES MIRROR CARTONS	1	13.60
TOTAL PACKING		74.60

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES 3903.99

PREPAYMENT: COLLECTED BY **Charlotte Van & Storage** 4741.39

BALANCE DUE: COLLECTED BY **Refund** -837.40

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY AND SERVICES ORDERED WERE PERFORMED

REC'D FOR STORAGE _____ WAREHOUSE _____ CONSIGNEE

BY _____ PER _____ DATE _____

(WAREHOUSEMAN'S SIGNATURE)

FORM 962R 2010

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER Bob Plaza
ADDRESS 311 Means Court
FLOOR _____ ELEV. _____ TEL. _____
CITY Fort Mill STATE SC ZIP 29715CONSIGNEE TO Bob Plaza
ADDRESS 743 Meridian Hall Lane
FLOOR _____ ELEV. _____ TEL. _____
CITY Fort Mill STATE SC ZIP 29715
PREFERRED DELIVERY DATE (M) _____
OR PERIODS OF TIME _____SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐NOTIFY Bob Plaza TEL. 508-808-3783
ADDRESS 311 Means Court, Fort Mill, SC
RECEIVED _____
SUBJECT TO _____ ROUTING 29715ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.GENERAL
CONDITIONS:

RATES, RULES AND REGULATIONS IN

TARIFF

SEC. _____

INVOICING

GOV'T. B/L No. 24278
BILL CHARGES TO _____THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIA-
BILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER.SIGNED [Signature] Date _____

TIME RECORD

START _____
FINISH _____
AM AM Customers Initials _____
PM PM Customers Initials _____JOB HOURS _____
TRAVEL TIME _____
TOTAL HOURS _____TRANSPORTATION SERVICES
HOURLY CHARGE3 1/2 STRAIGHT TIME 163.50
VAN(S) MEN 2 HOURS AT \$ _____ PER HR.

OVERTIME SERVICES

____ VAN(S) ____ MEN ____ HOURS AT \$ _____ PER HR.

TRAVEL TIME 3 HOURS at \$ 163.50OTHER CHARGES Fuel 90.00OTHER CHARGES 1044.90PACKING 3849.50INSURANCE 1044.90TOTAL 8730.31

DATE DELIVERED _____

DRIVER _____

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. FT.

GROSS	TARE	NET	RATE	CHARGES
TRANSPORTATION	MILES			
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE)				
ADD'TL. TRANS. (SURCHARGE)	<input type="checkbox"/> ORIG. <input type="checkbox"/> DEST.			
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____				
AT _____				
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____				
PIANO HANDLING: OUT _____ IN _____ HOIST _____				
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____				
WAREHOUSE HANDLING _____				
TRANSIT STORAGE: FROM _____ TO _____				
S.I.T. VALUATION CHARGE _____				

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE <input type="checkbox"/> FROM WHSE <input type="checkbox"/> ORIG <input type="checkbox"/> DEST <input type="checkbox"/> MI	QUANTITY	
BARRELS 5	16	656.00
CARTONS LESS THAN 1 1/2	19	180.50
CARTONS 1 1/2	50	725.00
CARTONS 3	42	956.00
CARTONS 4 1/2	15	300.00
CARTONS 6		
CRIB MATTRESS		
WARDROBES (USE OF)	5	100.00
MATTRESS CARTON NOT EXCEEDING 39 x 75	2	30.00
MATTRESS CARTON NOT EXCEEDING 54 x 75	1	29.00
MATTRESS CARTON EXCEEDING 54 x 75	4	80.00
CRATES MIRROR CARTONS	29	986.00
TOTAL PACKING		3849.50

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L.TOTAL CHARGES 8730.31

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION AND ALL SERVICES ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____

CONSIGNEE [Signature]

WAREHOUSE

BY _____
(WAREHOUSEMAN'S SIGNATURE)

PER _____

DATE

FORM 962R 2010

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ORIGINAL - NOT NEGOTIABLE

SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER Craig Wilkerson
ADDRESS 2142 James Court
FLOOR _____ ELEV. _____ TEL. _____
CITY Rock Hill STATE SC 29732SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐NOTIFY _____ TEL. _____
ADDRESS 1050 College Ave. Extension
RECEIVED Rock Hill, SC 29732
SUBJECT TO _____ ROUTING _____GENERAL
CONDITIONS:CONSIGNEE TO Craig Wilkerson
ADDRESS 1050 College Ave Extension
FLOOR _____ ELEV. _____ TEL. _____
CITY Rock Hill STATE SC 29732
PREFERRED DELIVERY DATE(S)
OR PERIODS OF TIME _____ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF _____ SEC. _____

INVOICING

GOV'T. B/L No. _____
BILL CHARGES TO _____THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIAB-
ILITY FOR LOSS AND DAMAGE WILL BE .60
PER LB. PER MONTH UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPERSIGNED _____
Shipper Date 10/10/21

TIME RECORD

START 12:00
FINISH 08:30
AM AM Customers Initials
PM PM Customers InitialsJOB HOURS 3 1/2
TRAVEL TIME 110.50
TOTAL HOURS 3.5TRANSPORTATION SERVICES
HOURLY CHARGE1 VAN(S) 2 STRAIGHT TIME
MEN 3.5 HOURS AT \$ 110.50 PER HR.

OVERTIME SERVICES

VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

TRAVEL TIME 1 HOURS at \$ 110.50OTHER CHARGES Fuel 30.00

OTHER CHARGES _____

PACKING 0INSURANCE 0TOTAL 529.25

DATE DELIVERED _____

DRIVER _____

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. FT.GROSS _____ TARE _____ NET _____
TRANSPORTATION _____ MILES _____
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) _____
ADD'TL. TRANS. (SURCHARGE) _____ ☐ ORIG. ☐ DEST. _____
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____
AT _____
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____
PIANO HANDLING: OUT _____ IN _____ HOIST _____
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____
WAREHOUSE HANDLING _____
TRANSIT STORAGE: FROM _____ TO _____
SIT VARIATION CHARGE _____

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI _____ QUANTITY _____

BARRELS _____ 5

CARTONS LESS THAN 1 1/2

CARTONS 1 1/2

CARTONS 3

CARTONS 4 1/2

CARTONS 6

CRIB MATTRESS _____

WARDROBES (USE OF) _____

MATTRESS CARTON NOT EXCEEDING 39 x 75 _____

MATTRESS CARTON NOT EXCEEDING 54 x 75 _____

MATTRESS CARTON EXCEEDING 54 x 75 _____

CRATES _____ MIRROR CARTONS _____

TOTAL PACKING _____

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES
ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____ CONSIGNEE _____

WAREHOUSE _____

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 962R 2010

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SCPSC CERT.

#6003

CHARLOTTE VAN & STORAGE COMPANY

213 VERBENA STREET
CHARLOTTE, N.C. 28217
704-525-4660

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER Amber: Phil Warner
 ADDRESS 4937 Charlotte Hwy - St-100
 FLOOR _____ ELEV. _____ TEL. 803-807-8307
 CITY Lake Wylie STATE SC 29710
 NOTIFICATION OF WEIGHT & CHARGES
 SHIPPER REQUESTS NOTIFICATION OF ACTUAL
 WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐
 NOTIFY _____ TEL. 803-807-8307
 ADDRESS _____
 RECEIVED _____
 SUBJECT TO _____ ROUTING _____

CONSIGNEE TO Amber: Phil Warner
 ADDRESS 2358 Tessa Trace
 FLOOR _____ ELEV. _____ TEL. _____
 CITY Lake Wylie STATE SC 29710
 PREFERRED DELIVERY DATE(S) _____
 OR PERIODS OF TIME _____

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
 CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
 POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
 WILL NOT BE ACCEPTED.

GENERAL
CONDITIONS:RATES, RULES AND REGULATIONS IN
TARIFF _____ SEC. _____

INVOICING

GOV'T. B/L No. _____
BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
 THE RULES AND CONDITIONS OF THE CAR-
 RIER & TARIFF. ALL TERMS PRINTED OR
 STAMPED HEREON OR ON THE REVERSE
 SIDE HEREOF. SHIPPER HEREBY RELEAS-
 ES THE ENTIRE SHIPMENT TO A VALUE NOT
 EXCEEDING _____ THE CARRIER'S LIA-
 BILITY FOR LOSS AND DAMAGE WILL BE 60
 PER LB. PER ARTICLE UNLESS A GREATER
 AMOUNT IS SPECIFIED BY THE SHIPPER

SIGNED Amber Warner 7/31/22
 Shipper Date

TIME RECORD

START 8:30 AM 11:00 AM
 FINISH 10:30 AM 1:30 PM
 AM AM Customers Initials AW
 PM PM Customers Initials AW

JOB HOURS _____
 TRAVEL TIME _____
 TOTAL HOURS _____

TRANSPORTATION SERVICES
HOURLY CHARGE

STRAIGHT TIME
 1 VAN(S) 6 MEN 5 HOURS AT \$ 216.50 PER HR.

OVERTIME SERVICES
 _____ VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

TRAVEL TIME 1 HOURS at \$ 216.50
 OTHER CHARGES Fuel 30.00
 OTHER CHARGES road time 1136.13
 PACKING 0
 INSURANCE 0
 TOTAL 1383.13
 DATE DELIVERED _____
 DRIVER _____

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU.

GROSS	TARE	NET	RATE	CHARGE
TRANSPORTATION	MILES			
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE)				
ADD'TL. TRANS. (SURCHARGE) <input type="checkbox"/> ORIG. <input type="checkbox"/> DEST.				
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____				
AT _____				
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____				
PIANO HANDLING: OUT _____ IN _____ HOIST _____				
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____				
WAREHOUSE HANDLING _____				
TRANSIT STORAGE: FROM _____ TO _____				
S.I.T. VALUATION CHARGE _____				

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI _____ QUANTITY

BARRELS	5
CARTONS	LESS THAN 1 1/2
CARTONS	1 1/2
CARTONS	3
CARTONS	4 1/2
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CRIB MATTRESS

WARDROBES (USE OF)

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CRATES

MIRROR CARTONS

TOTAL PACKING

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L.

TOTAL CHARGES

PREPAYMENT: COLLECTED BY _____

BALANCE DUE: COLLECTED BY _____

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY, AND SERVICES ORDERED WERE PERFORMED.

REC'D FOR STORAGE _____ CONSIGNEE _____

WAREHOUSE

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

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STATE OF South Carolina)
)
 COUNTY OF Lancaster)

CERTIFICATE

This Certificate is furnished by the undersigned in compliance with Rule 103-135 (3)(b) of the Rules and Regulations of the Public Service Commission of South Carolina in connection with the transfer of authority to All American Relocation, Inc.

The undersigned states that Charlotte Van & Storage Co., Inc. ("Transferor") is transferring the authority granted in Certificate No. 6003 issued by the Public Service Commission of South Carolina ("Certificate"), and that the Certificate is the only asset transferred; that there are no debts or claims against the Transferor; no unremitted COD or collections due shippers; no claims for loss of or damage to goods transported or received for transportation; no claims for overages on property transported; no interline accounts due other carriers; and no wages due employees of the Transferor.

The Certificate is not being transferred for money, goods, services, or any other thing of value.

Moreover, there are no liens, mortgages, or debts in effect over, against, or in any way affecting this Certificate. The transfer is not being made in any way for the purpose of hindering, delaying, or defrauding creditors.

Charlotte Van & Storage, Co., Inc.

By: 

Its: President

Sworn and subscribed before me this 15 day of December, 2021.




Notary Public

My commission expires April 12, 2023

The Public Service Commission of South Carolina

Application for the Sale or Transfer of Certificate of Public Convenience and Necessity

Date _____

I (We) Charlotte Van & Storage Co., Inc.

the holder of Class E Certificate of Public Convenience and Necessity No. 6003, respectfully requests that authority be granted said holder of Certificate to sell or transfer all rights, title and interest under said Certificate to the purchaser or transferee, and for the purpose of enabling the Commission to determine whether or not this application should be granted, the following information is submitted:

1. Charlotte Van & Storage Co., Inc.
Name of Owner or Transferor

P.O. Box 2466 Lancaster, SC 29721
Address

frankw@charvan.com 704-617-0090
Email Address Phone

2. All American Relocation, Inc.
Name of Purchaser or Transferee

5433 Wyoming Avenue, Charlotte, NC 28273
Address

jcoffman@aarelocation.com 919-790-8809
Email Address Phone

Check one: ☒ Corporation☐ Partnership☐ IndividualDate organized: 5/21/98

Submit a copy of the partnership agreement and a list of individuals composing the partnership.

State of Incorporation: North Carolina

3. The purchaser or transferee submits a copy of the proposed tariff, which is the same as is now in effect, with the following exception(s): SCTB Tariff will be used.

4. The Certificate to be transferred is attached.

5. Are there now any liens, mortgages, or debts in effect over, against, or in any way affecting this certificate?

☒ No ☐ Yes Attach a complete list showing dates, amounts and names of parties.

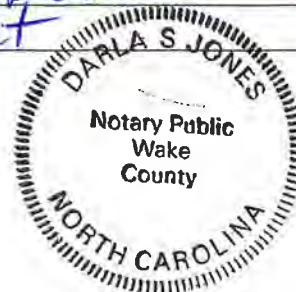
6. Is the proposed sale or transfer being made in any way for the purpose of hindering, delaying, or defrauding creditors?

☒ No ☐ Yes

GIVEN under our hand this 15th day of December, 20 21Owner or Transferor Charlotte Van & Storage Co., Inc.By Frank G. JonesTitle PresidentPurchaser or Transferee All American Relocation, Inc.By Keith BlumTitle President

SWORN TO BEFORE ME
This 15 day of December, 2021

Notary Public

Commission Expires April 12, 2023

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C.Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.2, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

STATE OF SOUTH CAROLINA

COUNTY OF _____

Applicant's Signature

I, Joe Coffman
Name of Applicant's Representative

President
Title

of All American Relocation, Inc
Applicant

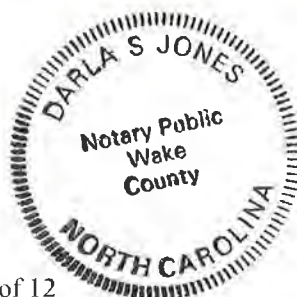
the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 15 day of December, 20 21

[Signature]
Notary Public

Commission Expires April 12, 2023



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

All American Relocation, Inc.

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

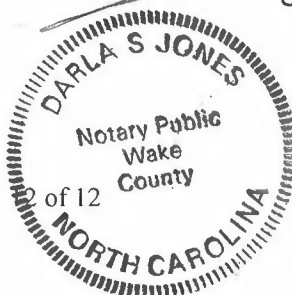
☐ Yes ☐ Not Applicable

I, Joe Coffman, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 15 day of December, 2021

Darla S Jones
Notary Public

Commission Expires April 12, 2023



[Signature]
Applicant's Signature

Print Application

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**CLERK'S OFFICE****NOTICE OF FILING****DOCKET NO. _____**

Pursuant to 10 S.C. Code Ann. Regs. 103-135, All-American Relocation, Inc. (Transferor or Company), 5433 Wyoming Avenue, Charlotte, NC 28273, has filed an Application with the Public Service Commission of South Carolina (Commission) to transfer Class E (Household Goods) Certificate No. 6003 currently held by Charlotte Van and Storage, Co., Inc. (Transferor), P.O. Box 2466, Lancaster, SC 29721.

A copy of the Company's application can be found on the Commission's website at www.psc.sc.gov under Docket No. _____-T. Additionally, a copy of the application is available from the Company's Counsel John J. Pringle, Jr., Adams and Reese LLP, 1501 Main Street, 5th Floor, Columbia, South Carolina 29201.

Any person who wishes to participate in this matter as a Party of Record, should file a Petition to Intervene in accordance with the Commission's Rules of Practice and Procedure on or before _____, 2022, by filing the Petition to Intervene with the Commission, by providing a copy to the Office of Regulatory Staff, and by providing a copy to all Parties of Record. For the receipt of future Commission correspondence, please include an email address in the Petition to Intervene. Any person who seeks to intervene and who wishes to testify and present evidence at the hearing should notify, in writing, the Commission; the Office of Regulatory Staff at 1401 Main Street, Suite 900, Columbia, South Carolina 29201; and the Company's representative at the above address, on or before _____, 2022. Please refer to ***Docket No.*** _____.

For the most recent information regarding this docket, including changes in scheduled dates included in this Notice, please refer to www.psc.sc.gov and ***Docket No.*** _____.

If the Application or Petition in this case contains a request for adjustment of rates, the rates are subject to potential modification by the Commission during the course of this case.

PLEASE TAKE NOTICE that any person who wishes to have his or her comments considered as part of the official record of this proceeding **MUST** present such comments in person to the Commission during the hearing.

Persons seeking information about the Commission's procedures should contact the Commission at (803) 896-5100 or visit its website at www.psc.sc.gov.

12/21/21

BEFORE
THE PUBLIC SERVICE COMMISSION OF
SOUTH CAROLINA
DOCKET NO. 2021-____-T

Application of All American Relocation,)
Inc. for Sale, Transfer, or Lease of Class)
E (Household Goods) Certificate of)
Public Convenience and Necessity No.)
6003 from Charlotte Van and Storage,)
Co., Inc.)

CERTIFICATE OF SERVICE

This is to certify that I have caused to be served this day the Application via electronic mail service as follows:

Lessie Hammonds
lhammonds@ors.sc.gov

s/ John J. Pringle, Jr.

December 22, 2021
Columbia, South Carolina